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I.

ON THE TREATMENT OF MALIGNANT DISEASES.

In a Letter to the Editor of the London Medical Gazette.

SIR, — As I have never seen even one case of the Indian cholera, of course I can only judge of the treatment of that disease by reasoning from analogy betwixt this and other malignant fevers which I have actually seen ; but probably I was not far from the truth when I stated that the practice which I had found so useful in the malignant fevers of the western world would be equally successful in the treatment of all other forms of malignant disease ; and perhaps, also, after this treatment has been fairly tried, the outline of the practice in all malignant diseases will ultimately be nearly the same. I can now add, that the same treatment which I have recommended in the yellow fever, &c. has been most extensively used, and with equal success, in the treatment of those malignant forms of the marsh fever which were formerly so fatal in the Genesee country, on the southern shore of Lake Ontario. This country is so flat that the Erie canal runs through it for upwards of seventy miles without even one lock. From being so flat, it is full of marshes ; and during the hot months, there are many of the districts in that territory nearly as

sickly, and, until lately, nearly as fatal, as the marsh fevers of Sierra Leone. The result, however, is now very different, particularly at Rochester, and other places in that country, where the alkaline carbonates, &c. are now used in place of the calomel, or the mere purgative and bark treatment, which were formerly used in these localities with so little success.

That sickness of the stomach which is so generally met with in the commencement of all those fevers that are produced by the specific aerial poisons, is probably the effect of the poison itself, which is thrown out of the circulation, and causes irritation in the gastric organs, in the same way that tartarized antimony produces nausea and vomiting when we inject a small portion of that agent into a vein : when proper remedies are used, that sickness at the stomach which begins with the disease soon passes away ; but that peculiar irritation in the gastric organs which comes on at a later period, and which is often so distressing in the last stage, is evidently in these fevers produced in a great measure by an excess of acidity in the gastric organs. This may perhaps arise from the decomposition of the saline ingredients of the blood by the nervous or electric fluid which appears to exist in excess in all fevers, but particularly in those of a malignant character.

After the decomposition of the saline matter, the acids of the salts may be attracted into the gastric organs, where they exist in excess, and act as a source of intense irritation. This, however, is in part theory ; but there is no question of the fact, that there is in all the malignant fevers of the new world, particularly in the last stage of these diseases, an excess of acidity in the alimentary canal, which extends from the very tip of the tongue to the verge of the anus. When we apply at this period of the disease a piece of litmus paper to the foul or red irritable tongue, the test is reddened almost instantly ; and when we apply the same paper to the fluids ejected from the stomach, it is reddened almost as suddenly as if it had been dipped in a pure acid. In fact, even the matter of black vomit (which is merely an internal effusion of the black and dissolved blood) receives such an addition of fixed acid in the stomach that it effervesces freely with the alkaline carbonates.

The excess of acid which produces the intense irritation in the stomach is not the acetic, for even the matter of the black vomit has no sour smell. This excess of acid is probably derived from the saline matter of the blood ; and as the muriate of soda is the principal saline ingredient in the blood, so I believe that the muriatic is in fever the acid which exists in the greatest excess in the stomach ; but whatever the source of this acidity may be, it is, as I have said, at this period of the disease the true source of the intense burning, and that local irritation, amounting even to inflammation, which is the real cause of the gastro-enterite of Broussais. This species, however, of the enterite cannot be cured either by

gum water, taken internally, or by leeches applied to the pit of the stomach. The irritation is produced by a chemical cause, and can only be removed by chemical means.

It is at this period of the disease that the alkaline carbonates are of such infinite value : when we give, for example, the carbonate of soda, the fixed acids of the stomach are immediately neutralized by the alkali of the carbonate ; a large quantity of carbonic acid is evolved by the mouth, and the irritation of the stomach disappears almost as fast as if it had been removed by a charm.

By this treatment we not only remove that irritation and severe burning in the stomach which is so distressing to the patient, and even so destructive to the gastric organs, but we gain another point, which is at this period of the disease of still more importance than the mere removal of a local irritation. The fixed acids are, as I have said, immediately neutralized by the alkali of the carbonate. The muriate of soda, and the other natural salts of the blood, are instantly formed in the stomach itself. Now we know that these salts do enter the circulation ; we know also that they mix with, and become a part of the circulating blood ; we know that they change its properties and remedy its morbid condition ; we know also that they add to the stimulating power of the circulating current, and enable the heart to keep up its action.

In consequence of this addition of saline matter, the kidneys, and the other secreting organs, continue to perform their functions. The skin does not become yellow, nor the breath fetid ; neither is the mortality one-twentieth part so great

as it had been under the old modes of treatment. In fact, the successful results which have already followed the use of the above practice prove that the saline remedies are the agents of all others the best that we yet know of for the successful treatment of malignant diseases.

When there is an excess of acid acting as the source of destructive irritation in the gastric organs, the treatment with the alkaline carbonates is decidedly the best; and those agents are as decidedly the worst, the effect of which is in direct opposition to that of the alkaline salts. When there is no excess of acid in the stomach, as sometimes occurs in fevers that are more mild, the carbonates enter the circulation unchanged; and we know that when they are mixed out of the body, even with the black blood taken from the heart of those who have died of the yellow fever, they redden its color as much as the muriate of soda or any of the other stronger salts. I have also stated, that all the acids blacken the color of the blood so completely, that with the addition of a little water, even healthy arterial blood is immediately converted into a fluid exactly resembling the black vomit.

The dark color of the blood, which we observe in the beginning of pestilential fevers, is the effect of the poison on the vital fluid; but the black color, in the last stage of the disease, is produced by the loss of the saline ingredients, which I can prove are beyond all question the true cause of the red color of healthy blood. The mere fact that the blood has a dark color in all the fevers which arise from poison has been long known, but the causes of this dark color have been but ill understood. An attempt to redden

the dark color of blood in fever has been with some practitioners the chief object in the plan of cure; but ignorance of the real properties of the vital fluid has led to errors which have been even more fatal than those which now generally exist as the consequence of the doctrine of pure solidism. Acids redden the blue of vegetable colors; and these agents have been extensively used by a certain class of physicians to redden the blood in fever, on the supposition that they contain an excess of oxygen, which they would give over to the black blood, and thus redden its color. The fact is, however, that though acids redden the vegetable coloring matter, they completely destroy the red color of the blood; yet these are the very agents that have been thrown in so unmercifully into an organ already burning from an excess of acid, on purpose, as they say, to redden and revivify the color of the dark blood.

I shall afterwards have occasion to bring forward some melancholy proofs of the fatal effects of the acid treatment, and to show that in some places it has been already used to a fearful extent. The calomel, and some other modes of treatment, have done much mischief, but the acids have been the agents, of all others, the most destructive in the treatment of the yellow fever, and other diseases that really possess a malignant character.

It has been already stated, that when the blood is black from the loss of its saline ingredients, oxygen is not attracted into the circulation in the lungs after the removal of the carbonic acid; at least, if it be attracted at that period, even the strongest oxygen has no more effect in reddening the black blood than it has in reddening the black clot

that has lost its saline matter, and of course its red color from immersion in distilled water. Yet, though this practice has been already weighed in the balance and found wanting, we are annoyed almost daily by the recommendation of means for oxygenating the black blood. Oxygenating the blood, however, is of no use in such cases, for the blood can only be reddened by saline remedies. Calomel and antimony may fret the stomach, and add to the suffering of the patients. Acids and opium may and do darken and destroy the red color of the blood; but when the red color is lost, as in bad fever, it can only be restored by the use of those remedies, which are in reality, in its healthy state, the true cause of its red color.

It may easily be ascertained, by the litmus paper, whether there be or be not, in cholera, an excess of acid either in the blood or in the fluid ejected from the gastric organs. If there be an excess of acid, then the alkaline carbonates are the remedies, of all others, the most likely to be useful; if there be no excess of acid, then the mixture of muriate of soda and nitrate of potass may probably be preferred; and as all parties agree in admitting that, during the first stage of cholera, the blood is not only diseased, but black in color and thickened in consistence, I am inclined to believe that, under all circumstances, the non-purgative saline medicines are the remedies, of all others, the most likely to be useful; for they not only redden the color of the blood, but, by increasing the fluidity of its solid ingredients, and adding to its stimulating power, they will render the blood more fluid, and of course better fitted to serve the important

functions which it is intended to perform in the living system.

I will afterwards bring forward some very strong facts to prove that the aerial poisons which act as the remote cause of the essential fevers, do not produce their effect by any direct impression on the nervous system; on the contrary, they appear, like the oxygen of the air, to be attracted into the circulation, and produce their effect on the solids of the system, entirely through the medium of the blood. The diseased state of the blood is the immediate cause of fever—the diseased action in the solids is merely the effect. I have seen cases in which there was no excitement from first to last, yet these very cases, in which the solids were not injured even in the least, were of all others the most fatal.

All fevers from poison are generally preceded by a stage of torpor; for the first effect of the poisoned blood is to paralyze the heart, and indeed the whole of the vascular organs. The continuance of this cold stage is in proportion to the quantity or the virulence of the poison that has been taken into the system; but in all such cases, re-action is the road by which the animal economy marches to health, and the first duty of the physician is decidedly to bring on re-action, or fever, as speedily as he can. When this is effected, should the re-action run high, the excitement may be reduced by the use of the lancet, and the typhoid symptoms which sometimes afterwards occur may probably be prevented by the subsequent use of the carbonate of soda and other saline medicines, which we know to possess the power of preventing that black and dissolved state of the blood which is in reality, in fever, the true cause

of the nervous as well as the other bad symptoms.

The diffusible stimuli produce their effect, in some cases, by a direct and transitory impression on the nervous system ; but, as already stated, the saline agents enter the circulation, mix with, and become a part of, the blood. The blood is the natural stimulus of the heart, and the active non-purgative saline medicines decidedly add to its stimulating power : these, when given early in cholera, and in active doses, will, by increasing the stimulating power of the vital fluid, enable it to act with more force on the vascular organs, and in this way rouse the patients from that cold fit, or stage of torpor, in which it appears they generally die.

From what I have seen of their effects in other diseases, I have little doubt, that if the saline medicines be fairly tried, the mortality from cholera will be considerably less than it has hitherto been ; but, to say the truth, I do not anticipate much advantage either from the saline or any other remedies, or believe that they will ever be fairly tried, so long as they are used by practitioners who believe that fever is a nervous impression, and who believe also that all our remedies in that disease act merely by sympathy, or some mysterious agency, on the nerves of the stomach.

It is well known that many practitioners have long been in the habit of using the saline medicines, particularly as purgatives, in the treatment of fever ; and many still continue their use, merely for the very substantial reason that they find them useful. The true reason, however, why these remedies are so decidedly superior to all others, in the treatment of this disease, has not, I believe, been generally under-

stood ; and therefore these medicines are often combined with acids, or other powerful and adverse agents, which prevent the good effects that would otherwise have followed the judicious use of the active saline agents, given on a steady principle, and used only at certain periods of the disease, when there is almost a certainty of their doing good.

I know it will be asked why have the citric and other acids been successful in scurvy, where the blood is darker than it is in health ? To this it may be answered, that the scurvy is not, like the cholera, or the yellow fever, a disease that causes death in a few hours, or a few days ; and therefore medicines that may be used without causing immediate death in the one, cannot be used in the others with equal impunity. My own conviction is, that there is no one disease in the whole catalogue in which the profession has been so much misled as in the very disease now under consideration. During a residence of twenty years in the West Indies, I have only met with one case of scurvy, and that case was decidedly brought on by the excessive use of citric acid, which an American gentleman had been recommended to use as a preventive against the yellow fever. His own conviction, as well as mine, was, that the scorbutic symptoms had been brought on by the acid. This was immediately laid aside, and, under the use of the carbonate of soda, he was quite well in three weeks. To those, however, who are disposed to see the contrast betwixt the effects of the neutral salts and the citric acid, in the treatment of scurvy, I would recommend the perusal of Mr. Cameton's paper on this disease, which they will find in

the Medico-Chirurgical Review — in one of the numbers, I believe, for 1829.

It has long been, and I am sorry to observe still is, a common source of error, particularly in fever, to confound a similarity in certain symptoms, with a sameness in kind. The sporadic cholera which is occasionally met with during the hot months, both in this and in other countries, is evidently as totally different from the Indian cholera as east is from west. The one is a symptomatic affection, accompanied by a mere momentary excitement, arising in part from a severe local irritation in the gastric organs; the other is a most malignant disease, produced by the existence of a specific and virulent poison in the system, which contaminates every drop of the blood, and excites diseased action in every solid of the body. Such being the fact, it is evident that remedies which are successful in the one, may be not only inert but even actually injurious in the other.

The Asiatic cholera is, as we well know, a most fatal disease, and will require both an active and judicious treatment to overcome the evil effects of the morbid poison; while the sporadic or plum cholera of this country may, I believe, in most cases, be almost entirely left to itself to work its own cure; and were it at all necessary, the cases which are now so numerous in most of the journals might be faced by others, where the patients were obstinate, and refused to take any other remedy except a little warm brandy and water, which was given during the cold fit, on purpose to bring on re-action as speedily as possible. In one case which I saw lately by accident, the symptoms, for the time, were

quite as severe as those described in the various journals; yet, though the patient refused all remedies except warm brandy and water during the cold stage, he was just as well (perhaps even better) on the following day than if he had taken 125 drops of the cajeput oil.

There is one circumstance connected with the history of cholera which renders it a much more formidable disease in northern latitudes than either the yellow fever or the plague. The poison which produces the yellow fever requires a given degree of heat to enable it to exist in the atmosphere; and when the thermometer either rises or falls above or below a given range, the plague disappears. But the poison of cholera is not rendered inert by the first morning of frost, as is the case with the poison of the yellow fever in the United States of America; for it appears that this poison, like that of the small pox, can produce its fatal effects as certainly in the middle of a winter, in Russia, as in the burning plains of the Torrid Zone. When once introduced, the contagious poisons possess the power of multiplying themselves; and, as the cholera poison acts in every temperature, it is more than probable that if it once finds its way into this country it may remain here as a fatal scourge, not only to the present, but to future generations. This, as well as the great mortality caused by the poison of cholera, imposes a solemn responsibility on those who are, or at least ought to be, the guardians of the public health.

At present I have merely given a general outline, but the same subject will be considered hereafter more in detail. The above has been written in haste, and may probably contain more errors than

one: should the treatment, however, which I have found to be so useful in the malignant fevers of the New World, be found, even in the slightest degree, to lessen the sufferings or diminish the mortality of fever in the other divisions of the globe, I will then be repaid for the dislike which I now feel in appearing before the profession as the advocate of doctrines so much in opposition to the common opinions of the present day. That this opposition may be put down to its proper account, is the wish of,

Sir,

Your obedient servant,

W. STEVENS, M. D.

September 5, 1831.

II.

A CERTAIN REMEDY FOR THE TOOTH-ACHE.

By DR. RYAN.

IF the experience of others confirms that of Dr. Ryan, in the simple remedy here proposed for a most distressing malady, he will deserve a civic crown, in addition to the thanks of the profession.

"A remedy which is capable of affording immediate relief to the excruciating pain of tooth-ache, without the slightest pain being produced by its application, has long been a desideratum; and I feel great gratification in being the medium of proposing such a valuable remedy to the profession.

It is right to observe, that before I resolved upon this course, I deemed it necessary to determine the value of this agent, and to try it upon myself and many other individuals; and ample experience has convinced me of its efficacy.

Like many of our best remedies,

that which I proceed to notice was discovered by accident. A gentleman who attends my lectures (Mr. Myers, of Newington Causeway), had frequently applied sulphuric acid to his tooth with some relief; but on one occasion, he, in a moment of confusion, took down the next bottle to his remedy, which contained nitric acid. To his great surprise, he experienced immediate relief, and without the slightest pain. Since that period he has not suffered from tooth-ache, though three years have now elapsed. During the last winter he informed me of the success of this remedy, which induced me to try it, while laboring under the most intense pain from tooth-ache. The effect was immediate, and no pain whatever was induced. I have since used it in numerous cases, and invariably with complete success. In some instances the disease does not return for days or weeks; and in others not for months.

The best mode of employing it is by means of lint wrapped round a probe, and moistened with the acid, which is then to be slowly applied to the cavity of the tooth; care being taken not to touch the other teeth, the gums or the cheeks. On withdrawing the probe, and inquiring how the patient feels, the usual reply is, 'the pain is entirely gone.' The mouth is next to be washed with tepid water. The acid should be gradually applied to the whole cavity of the tooth, or otherwise a second application will be required before complete relief will be obtained.

This remedy may be used when the gum and cheek are inflamed so as to preclude the possibility of extraction. In cases where the diseased fang remains, and when

the caries faces the adjacent tooth, it obviates the necessity of extraction in all cases of hollow teeth, which all practitioners declare to be desirable, if possible; and it enables the dentist to perform the operation of 'stopping or filling the teeth,' much sooner than he can otherwise accomplish. In a word, it will alleviate a vast deal of human suffering, and supersede a most painful operation. It is not a panacea for all the diseases of the teeth and gums, though a certain and efficacious remedy for the most common causes of tooth-ache. It will be a valuable remedy for children, delicate persons, and pregnant women. It does not accelerate the decay of the tooth to which it is applied.

As the employment of this acid in the disease under notice is not recommended by any pharmacopœia, ancient or modern, of these or other countries with which I am acquainted, and as tooth-ache is now a most prevalent complaint, in consequence of the inclemency of the season, I think a more favorable opportunity cannot occur for the communication of the information described in this paper."—*Lon. Med. and Surg. Jour.*

III.

For the Boston Med. and Surg. Journal.

CASE MANIFESTING THE DECIDED EFFECT OF DRASTIC PURGATIVES IN THE CURE OF ASCITES AND ANASARCA.

By JOHN C. HOWARD, M.D.

PHILIP LUBECK, aged 30, a mariner, came under my care on the first of last July, at which time he was suffering from ascites, anasarca of the lower extremities, and

hydrocele; there was also great effusion in the cellular membrane of the scrotum and penis. So far as I could ascertain, his habits had been temperate. He had been taking, for some time previous, the usual hydragogues, and when he came under my charge was taking powders of the submuriate hydrarg. and pulv. scill. three or four times a day. The hydropic swelling was little if any diminished, and he was so very large that he could barely move himself. After pursuing this course for several days, without any perceptible amendment, I determined to try the effect of some strong drastic purgatives, and accordingly prescribed the following:—

R. Elaterii grs. ii.
Colocynth,
Gamboge,
Scammony,
Jalap, āā viii. grs.
M. ft. in pil. no. vi.,

all to be taken at a single dose; and to be followed, in the space of six hours, by a strong decoction of senna, with an 3 iss. of sulphate of magnesia dissolved in it. These means procured very frequent and copious liquid dejections. The urine in quantity* was very scanty, and to stimulate the kidneys I directed olei junip. xx. gtts. three times a day in a solution of supertart. potass. which seemed to increase the quantity so much, that, from passing 3 iv. of urine in twenty-four hours, he in a few days passed over a pint. He had been in the habit of drinking, on an average, three quarts of liquid a day, a very small proportion of which

* The urine in this case coagulated on exposure to heat, which Bright, who has been a considerable experimenter, regards as indicative of diseased kidney.

was passed *per urethram*. I diminished this quantity, so that he drank less than a quart.

Finding no injury growing out of the large drastics administered, and seeing the decided improvement of all symptoms, I directed my students to add two grains of each medicine to the dose, and this to be followed by salts and senna as above mentioned; the additional two grains rather increased the liquid dejections, and, after three weeks, the abdomen was very evidently diminished, and in the space of a month entirely flat, as if no effusion had existed.

But there was another trouble. The swelled scrotum increased very much, and produced occasional severe pain from its immense size and great tension, so that it was deemed necessary to operate. I did so, and the symptoms were relieved. The legs too were enormous, so large that it was impossible to flex them; they were scarified in many places, and large quantities of water flowed off in this way. I will observe there was no ulceration about the scarifications, a condition which often comes on in such cases, but on the contrary a perfectly kind healing ensued. Finding considerable benefit from the diuretic properties of the oil of juniper, it was continued, increasing two drops until thirty-six were taken three times a day, when he passed over three pints of urine in twenty-four hours, the anasarca left the legs, the abdomen continued flat and natural, and the man was entirely relieved. — What is very astonishing, and would seem almost incredible, was the great power of constitution, that could bear such violent and long continued purgation, without sinking, and this too without any violence to the mucous coat of the intestines.

At the present time,—five weeks from the period of relief last mentioned,—he continues without any sign of effusion or tendency to it; has a great appetite; suffers little from debility; and takes no medicine.

Boston, November, 1831.

MEDICAL JOURNAL.

BOSTON, NOVEMBER 29, 1831.

AN AFFLICTING CASE.

THE reader will probably recollect a brief notice we gave, a few weeks ago, of Dr. Grigg's chair for invalids. In consequence of that notice, we received a letter from a gentleman in Connecticut, detailing a most distressing case, and requesting our opinion of the applicability of the chair to the purposes of the afflicted writer. The letter was immediately sent to the ingenious inventor, whose note in reply, together with the letter itself, will be found below. The account of the case is drawn up with peculiar clearness and facility of expression, and we apprehend the use of the chair, some of the peculiarities of which are concisely enumerated by Dr. G., would prove eminently serviceable in promoting the ease and enjoyment of the patient.

Respecting the price of this apparatus, we should suppose it cheap. There is much about it of machinery that is costly and durable, and it should be remembered that it is not like a garment, to be worn out by the first purchaser, but *property* to enrich and comfort many successive proprietors.

Not being certain that the letter was intended for publication, we have withheld its signature; though there is nothing in its details which might not, with strict propriety and some profit, meet the eye of the profession.

To the Editor of the Boston Medical and Surgical Journal.

*****, Nov. 14th, 1831.

DEAR SIR,

Having lately seen a notice in one of our Hartford papers, copied from your valuable journal, with regard to a chair for invalids made under the direction of Dr. Grigg, of your city, I am induced to address you on the subject, although unacquainted and unknown to any one in your vicinity. My only apology for thus troubling you must be my extremely afflictive case, of which perhaps if I give you but a brief and imperfect history (for words can hardly describe it in full, or language paint the scene of suffering I have gone through), you will cheerfully lend all the assistance I ask or expect.

Suffice to say, four years ago last April I was crushed down to the ground, in taking down a building, with a weight of timber on my shoulder, in much the position a person would naturally sit down—being bent forward, my breast over my knees—and a partial luxation of the spinal column was the consequence. Two of the vertebræ are dislocated, or at all events drawn apart on the outside of the processes; but there was perhaps a compression at the same time of the inside of the column. From that instant I lost all sensation and all muscular power below the hurt, which is directly where the lowest long rib comes on to the back bone, or perhaps exactly between the dorsal and lumbar vertebræ. This leaves all the larger or lower bowels destitute of all natural

action, and nothing has ever passed without cathartics or injections. In this distressing situation I have outlived the expectations of physicians, and my own, and indeed almost beyond my wishes at times, although much of the time I have enjoyed considerable health—having nearly always a good appetite, yet afflicted with much pain at times, always directly across the last place of sensation, which is in front, as low as the navel, but no lower. All below is totally dead, except the circulation of the blood, which as yet seems unimpaired and healthy. I have lain nearly all the time in a horizontal position, having tried the first year or two occasionally to sit up at times, by being braced or bolstered up, for a short time,—say 30 minutes; but finding no good from it, but rather hurt, have discontinued it. I have thought of every contrivance, but finally gave up all hope, and concluded to lie down to it as long as I live. I have used a chair for invalids which I procured in Hartford of a Mr. Dinslow, which I hired 2 or 3 months. Perhaps the chair you name is similar. If so, it will do me no good. The one used was on rockers, with a square upright frame—say two feet square—from which extended a fall of the same dimensions for the feet, and another like it for the back and head. In the sides of the upright part was a circular iron, and some kind of gearing, by arranging which at the sides the foot fall would drop to any elevation, and the head would rise just as much. Throughout the upper surface of the whole was a thin mattress, laid I believe on spiral springs. All this expensive contrivance, which to many would be valuable, was however not the thing for me; and indeed I have concluded it impossible in my case to invent anything which would take the weight or pressure of the body off from the broken back in any way so that I can sit up comfortably. I have heard

mentioned something which would fit under the arms like crutches, and so on to the hip—thereby extending the parts, &c. ; but I have thought this could never do for me, as I am emaciated almost to a skeleton, and anything irritating the least, in any one place, would produce bad sores at once. I have now one on each hip, and one on my back between the hips, each of which is the size of one's hand, and cannot be healed—having become a kind of issue ; and as constant irritation is kept up by lying on them, they will probably always remain.

And now, dear sir, if you will be so kind as to give your opinion whether the chair will probably do me any service, or hand this line to Dr. Grigg, and you will either of you answer me, you will confer a favor on the most unfortunate of beings, who will be extremely thankful for any favor or advice. And if you can in any way scatter a single flower in my thorny pathway to the grave, may God reward you ; perhaps I never shall in full.

Very respectfully, yours,

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,

I read with deep interest the letter of your afflicted correspondent. His case is so peculiarly distressing as to demand our sympathy, and require that whatever ingenuity may suggest and experience sanction should be made subservient to his comfort. The chair to which he refers, combines more advantages to an invalid than any I have seen, and if any mechanical means may be judiciously employed, there is no doubt he would experience much satisfaction from its use. I will briefly relate the advantages it presents, which will enable him to decide upon its utility. He describes his condition so accurately and with

so great skill, as to warrant our submitting to his judgment the applicability of the means, when they shall have been explained.

1. The chair rests on three wheels, which the patient propels by the vertical motion of two cranks.

2. The back is allowed to fall by pressing a spring, and sinks as far as may be desired. It may be thrown forward at any instant by pressing with the feet on the footboard, which rises as the back recedes. Besides this support for the feet, two frames slide in under the seat, which are to be drawn out and receive a cushion to be used in injuries of the lower extremities ; so that one limb may be supported horizontally while the other rests upon the footboard.

3. The seat is rendered elastic by springs, and the patient, if unable to support the body erect, is attached by two straps, which pass upward from an elastic waistband to two spiral springs, which are suspended from the extremity of the posterior part of the frame of the chair, which bends over to receive them.

4. The patient, resting on the elastic seat, and having the weight of the upper parts of the body entirely supported by the spiral springs above, receives a gentle exercise from the effort necessary to propel the chair in any direction he may wish. If, however, he be able to endure any increase of motion, the posterior wheel (which is so arranged as to admit of its immediate removal) gives place to one of an oval form, whereby the body is gently exercised between the upper and lower springs. If still greater exercise be advisable, we substitute an octagonal for the oval wheel, which then gives a regular jolt.

The advantages which it possesses are a combination of varieties of position and exercise, which are of so great value in the physical treatment of diseases.

The price of the chair is \$100.

I feel happy in complying with your request and drawing up a short account of this chair, which I hope will be found useful by your correspondent and all those who need such assistance.

With much esteem, yours,

WILLIAM GRIGG.

Boston, Nov. 21, 1831.

SKETCHES OF THE HISTORY OF MEDICINE.

Hospitals.—These establishments, which at the present day seem among the most necessary of our institutions, and which rank so decidedly the first in the class of public charities, are of comparatively modern origin. Among all the magnificent structures of ancient Greece and her colonies, not one is known to have been devoted to the benevolent purpose of receiving and curing the sick; and Rome, in the days of her greatest wealth and power, founded no hospital.

Nothing approached more nearly to the character of hospitals in ancient times, than those temples dedicated to Esculapius, to which the sick repaired for the cure of their diseases, and in which they offered their votive tablets. The purifications which preceded the admission of the invalid to these consecrated edifices, and the penances or rites imposed on them by the priests in the name of the presiding deity, had generally some therapeutic influence; and thus far the comparison may be allowed to hold good. But as no apartments were provided for the sick within the walls of the temple, their accommodation must have been as bad or worse than their own

dwellings could have afforded them. Besides, these temples, though numerous, were by no means within so small a distance of each other as to render access to them entirely easy. The journey was often expensive and fatiguing, so that on the whole they might more justly be compared to the watering places of modern times, than to our hospitals. It would appear too that from a period much anterior to the christian era, the resort to these temples had greatly diminished; since as soon as medicine became a distinct science, and its study assumed the dignity of a profession, it was found more advantageous to consult the medical practitioner at home than to seek relief at a distance.

Many plausible reasons have been given for this apparent indifference on the part of these ancient governments to provide for the comfort of their destitute citizens. The mildness of the climate of Greece, it is said, was such that the sick required little shelter, and could without hazard be exposed to the external air. The style of Grecian architecture seems to prove that protection from the inclemency of the weather was not a principal object in the construction of their dwellings. But when we have given to this circumstance all the importance it merits, it goes little way towards explaining the defect referred to. The climate of Greece is as mild now as in the days of Hippocrates; yet hospitals are found as useful, if not as necessary, there as with us. The climate of Italy, in the days of Augustus, could hardly have been milder than

that of France and Germany now are; and we find the comforts of good fires and comfortable dwellings rated as highly by their authors as they are prized among us.

Another reason assigned why the ancients were able to dispense with hospitals, is the simple mode in which they lived, and the consequent immunity which they enjoyed from the attacks of disease. The facts, however, recorded in history, are not such as to lead us to attach much importance to this circumstance. We have no record of any epidemic more severe and destructive than that which is known to us as the plague of Athens; and any one who examines the works of Hippocrates will scarce conclude that fever was more rare, or less fatal, in his day than it is at present. With respect to simplicity in living among the Greeks, we have hardly sufficient data on which to ground an opinion; but in Rome, even in the Augustan age, and certainly in the two first centuries of the Christian era, luxury and intemperance were carried to an excess which has not been surpassed in modern days. No one can peruse the pages of the Roman satirists without obtaining testimony sufficiently ample to the truth of this observation. Celsus, whose authority will scarcely be disputed, mentions the luxury which prevailed at his times as the reason why medicine had become so complicated; and adds, that among the various sources of disease, which men had created, all the devices of art were insufficient to protract life even to the boundaries of old age. Such being the

facts in the case, it seems superfluous to insist on the simplicity of ancient manners, or to assume that asylums for disease were not created, because disease itself was of such rare occurrence.

But whatever were the circumstances which prevented the establishment of hospitals in Greece and Rome, certain it is, that these all-important institutions, in common with many other charities, were first founded under the benign influence of the Christian faith. The earliest hospital of which we have any account was founded at Constantinople, by Saint Simon, and was afterward embellished and improved by the emperor Justinian. In Rome, hospitals were established by individuals and by the emperors, as early as the sixth century. The care of the sick was confided to the monks, who regarded the due performance of their office as a sacred duty. In the seventh century, several hospitals were established at Jerusalem, for the reception of the pilgrims. The first was built by the merchants of Amalfi, who consecrated it to St. John Hospitalis, patriarch of Alexandria; and they there maintained constantly a body of persons to take charge of the sick.* In the eleventh century, the emperor Alexis erected a very large hospital at Constantinople, devoted to the poor, to widows, and to orphans. This edifice had two stories, and a chapel for the convalescent:

* This was the origin of the celebrated body of knights hospitallers; who in after times devoted their wealth and power to purposes so widely remote from those of their original institution.

the sick were attended by monks ; and the directors, who were charged with the fiscal concerns, rendered an annual account of their stewardship. Finally, in the twelfth century, the hospital built at Byzantium by the Emperor Isaac, gained great celebrity : it was called the Hospital of the Forty Martyrs.

The plan of rendering these establishments subservient to the study of medicine, as well as a means of relieving suffering, appears to have first occurred to the Arabians. The city of Bagdad, founded by the caliph Almanser in the eighth century, became at no long period after this the seat of a flourishing medical school. In this city were established the first hospitals which were destined to promote the education of physicians.

MEDICAL PROVIDENT INSTITUTION.

MAN does not live for himself alone, nor for the present moment. The comfort and happiness of relatives and friends are most intimately twined with his own, and it becomes him, in the period of his youth and vigor, to prepare for sickness and age. In some small measure, persons seem in our day more sensible of these facts, or rather to act on these principles, more than formerly. To lay up a little of the earnings of the present, for the purposes of the future, is becoming more and more common among all classes of men. To no one perhaps can it be more important to make such provision, than it is to the member of the

medical profession. With an income from daily practice which enables him to support his family perhaps with elegance, he is liable to be cut off, and his wife and children suddenly reduced to abject penury. His business cannot, like that of a merchant or mechanic, be carried on for a time after his decease by a son, a brother, or an agent ; with his life, the income of his family ceases forever, and often the calls of a long sickness render their want of funds most pressing, at the moment of their greatest distress. Clear as these facts are, inevitable as must be such a fate to many members of the profession, why is it we are so slow to take some step which will ensure relief in circumstances so melancholy ? The *mechanics* of this city, a class of men the nature of whose occupations renders the necessity of such a measure of relief much less urgent, have for 40 years been actively engaged in supporting an institution of charity to its members and their families in case of sickness or death. If any member of this association is so sick as not to be able to attend to his business, he receives from its funds all necessary assistance until his recovery. On the death of any member, the sum of forty dollars is *immediately* sent to the widow or surviving relative. This is done in all cases, without regard to the estate of the deceased. Even where this is large, the money is often convenient at such a moment, but is generally returned at some future time as a donation to the society ; — but where no estate of consequence is left, who will venture to tell how

many hearts have been, in the course of years, relieved of a weight of sorrow, and spared a pang which would have given additional poignancy to every other.

We would urge on the profession the consideration of this subject: we would urge the expediency of the establishment of a Medical Provident Institution, where by the payment of a definite sum, or an annual contribution, the member may be *entitled* to draw from the funds a proportional amount during his own sickness and incapacity for business, and his family, at his death, may be *entitled* to relief from pecuniary want. Such an institution, established, like that in Edinburgh, to which we have before alluded, on the principle of mutual assurance, would be not only practicable, but could not fail to be a blessing to many and an honor to all the members of the profession who should engage in it. Among the directors of the institution alluded to above, are many of the most active and eminent physicians in Scotland; it is not a delusive speculation; it has there proved itself all which it promised to be. Its funds belong exclusively to the members who contribute to them, and once in five years the affairs of the institution are to be brought to a close, —two thirds of the surplus to be divided among the contributors, and the remaining third carried forward as a reserve fund.

We shall be most happy to afford any assistance in our power to the establishment of such an institution in New England.

BAD EFFECTS OF DIGITALIS.

WE published a few weeks ago some remarks on the bad effects of digitalis in persons addicted to intemperance. A case is related in the French journals, in which great weakness of the limbs, constriction under the sternum, vertigo, faintings, palpitations, slowness and irregularity of the pulse, sense of coldness and numbness of the extremities, difficulty of breathing, and other alarming symptoms, resulted from the administration of this medicine to a lady whose nervous system had been rendered morbidly irritable, not by ardent spirits, but by a series of moral afflictions. The dose was very small, and the conclusion from the case is, that the article is improper in persons in whom this system has been debilitated by *any* cause.

HEROIC PRACTICE IN LEUCORRHOEA.

AN Italian physician, Dr. Bazzoni, has reported several cases in which ergot appeared to act with decided benefit in leucorrhœa. His mode of prescribing it was — 20 grs. to be boiled in 8 ounces of water, and the decoction to be given in small quantities at a time, so that the whole should be taken in the course of two days. This quantity he found to cure the disease on the third day, and what is truly remarkable is that "no inconvenience was felt from the medicine"!

FACIAL NEURALGIA.

Facial Neuralgia cured by Spontaneous Ptyalism. — A female, aged fifty-two years, became affected with severe facial neuralgia after

exposure to cold. It continued for four months, and so completely resisted every remedy employed, that she gave up medicine, and trusted to Nature. In about a fortnight after this determination, a spontaneous flow of saliva took place, great in quantity, and sweet as honey in quality. It increased so much in three days that it appeared to flow from the stomach rather than from the salivary glands. During this extraordinary ptialism, the bowels were constipated, and the urine very scanty, as well as all the other secretions. The facial pain diminished in proportion as the salivation increased:—both ultimately ceased.—*Annali Universale de Medicina.*

Catalepsy accidentally cured.—In the journal above mentioned, for October, 1830, there are related two cases of catalepsy, one in a female, the other in a male, which yielded to accidental hæmorrhage—in one case, from a cut on the head—in the other, from epistaxis. The first case was that of a young girl, ten years of age, who became cata-

leptic, the paroxysms returning at shorter and shorter intervals, and resisting all medicines. In one of these attacks the girl dashed her head against a sharp stone, when a profuse hæmorrhage instantly ensued. This hæmorrhage not only put an end to the attack, but prevented all returns of the disease.

The other case was that of a young farmer, twenty years of age, and of a melancholic temperament, who, after some severe mental distress, became affected with cataleptic attacks, complicated frequently with delirium and somnambulism. Repeated bleedings, leeches, baths, blisters, and various other means, were employed in vain. At length a profuse nasal hæmorrhage took place spontaneously, and put an end to the attacks.

Whole number of deaths in Boston for the week ending Nov. 18th, 33. Males, 19—Females, 14.

Of convulsions, 2—delirium tremens, 1—inflammation on the lungs, 1—typhous fever, 1—lung fever, 2—throat distemper, 4—scarlet fever, 4—hooping cough, 1—consumption, 5—tic douloureux, 1—unknown, 2—childbed, 1—infantile, 2—old age, 2—intemperance, 1.

ADVERTISEMENTS.

CHEMICAL MANIPULATION.

BEING Instructions to Students in Chemistry, on the Methods of performing Experiments of Demonstration or of Research with Accuracy and Success. By MICHAEL FARRADY, F.R.S. First American, from the London Edition. Edited by J. R. MITCHELL, M.D.—This day received, by CARTER & HENDEE. Nov. 22.

LECTURES ON THE DISEASES OF THE EYE.

A COURSE of Lectures on the Diseases of the Eye, will be delivered at the Rooms of the Massachusetts Charitable Eye and Ear Infirmary, to commence on Wednesday, the ninth of November, and continue twice a week, on Wednesday and Saturday.

The demonstration of the anatomy of the organ will be much aided by improved wax models just received by the Institution from Italy.

The Pathology of the Eye will be explained by illustrations from the cases which attend the Infirmary.

The Lectures will be delivered in the afternoon, at half past three o'clock, which will afford opportunity to Medical Students to attend.

JOHN JEFFRIES.

October 2, 1831.

* * The Lectures are delivered for the benefit of the Infirmary.

Oct. 18.

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